

DEPARTMENT OF HEALTH SERVICES

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CMSP Letter No.: 00-6
Issue Date: September 29, 2000

TO: All County Medical Services Program (CMSP) County Welfare Directors

SUBJECT: Changes to CMSP Eligibility Manual: Use of CMSP 1153

The purpose of this letter is to transmit recent changes to CMSP eligibility rules. On September 28, 2000, the CMSP Governing Board voted to make the use of "CMSP 1153 - CMSP Medi-Cal Evaluation Linkage" optional as long as the county has an authorized process or form, or other authorized form or process in place to screen CMSP beneficiaries for Medi-Cal linkage. For the purpose of eliminating this form, Interim Statewide Automated Welfare System (ISAWS) is an authorized process. As a part of its eligibility process, ISAWS automatically screens for Medi-Cal eligibility before CMSP is considered.

Effective November 1, 2000, counties may use CMSP 1153, ISAWS, or another authorized process or form to determine possible Medi-Cal linkage for CMSP beneficiaries.

Enclosed with this letter is the revised CMSP Eligibility Manual page which reflects these changes.

Filing Instructions

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If you have any questions concerning these changes, please direct them to Ms. Tina Thomas, in the CMSP Unit, at (916) 327-4842.

A handwritten signature in blue ink, appearing to read 'Peter Abbott', with a long horizontal flourish extending to the right.

George B. (Peter) Abbott, M.D., M.P.H., Chief
Office of County Health Services

Enclosures

cc: See next page.

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cc: Ms. Tina Thomas
County Medical Services Program
Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320

CMSP ELIGIBILITY MANUAL

Article 3. Application Process

3-010. County Medical Services Program (CMSP)

For purposes of this section, persons are considered 21 years of age on the first day of the month following the month in which they reach age 21. Persons are considered 65 years of age on the first day of the month in which they reach age 65. A person's eligibility under CMSP shall be determined if that person:

Is at least 21 years of age but less than 65 years and any of the following:

- (1) A person who cannot meet the linkage factors necessary to be eligible for the Medi-Cal program.
- (2) Not yet determined eligible for Medi-Cal as a PA or Other PA recipient or as an MN person because of a pending application based on allegations of blindness or disability.

Meets the other eligibility requirements specified in this manual

3-011. Application Process-General

The county department shall receive and act upon all applications, reapplications, requests for restoration and redeterminations without delay and in accordance with the provisions of this article.

3-012. Evaluation of Medi-Cal Linkage

The county department shall evaluate potential Medi-Cal linkage by completing a CMSP Medi-Cal Evaluation linkage process or authorized form, CMSP 1153, or other authorized form or process.

3-013. Persons Who May File an Application for CMSP

Any person who wishes to receive CMSP may file an application. If the applicant, for any reason, is unable to apply on his/her own behalf, or is deceased, any of the following may complete and file the application for the applicant:

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- (a) The applicant's spouse, guardian, conservator or executor.
- (b) A person who knows of the applicant's need to apply.
- (c) A public agency representative.

The case record must clearly specify why anyone other than a spouse has applied for the applicant.

3-014. Application for CMSP

A person or family applying for CMSP shall submit a completed application form to the county department.

3-015. Application for Retroactive CMSP

A person or family applying for retroactive CMSP shall:

- (a) Submit a completed application form to the county department.
- (b) Request retroactive coverage in one of the following ways if the request for retroactive CMSP is made in conjunction with, or after, an application for CMSP:
 - On the application form.
 - On the Statement of Facts.
 - By submitting a written request.
- (c) An application for retroactive coverage pursuant to (b) must be submitted within one year of the month for which retroactive coverage is requested.

3-016. CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care

A person eligible for Medi-Cal under aid code 53, which only covers Skilled Nursing Facility or Intermediate Care Facility (SNF or ICF) services, may also receive full-scope CMSP benefits under aid code 8F to cover any acute care services. There is no LTC length of stay requirement to receive a 53 aid code. If the person has a SOC under aid code 53 he/she will have the same SOC under aid code 8F. The applicant must complete and sign the following forms:

Revision Date: 9-1-99